

MARINE MAMMAL AUTHORIZATION PROGRAM

Certification

I HEREBY CERTIFY, UNDER PENALTY OF PERJURY, THAT I AM THE OWNER OF THE ABOVE NAMED VESSEL (OR NON-VESSEL FISHING GEAR), OR THAT I AM AUTHORIZED TO REGISTER FOR THIS AUTHORIZATION ON BEHALF OF THE OWNER, THAT I HAVE REVIEWED ALL INFORMATION CONTAINED IN THIS DOCUMENT, AND THAT IT IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

Signature

Date

IF THIS REGISTRATION IS SIGNED BY A PERSON OTHER THAN THE OWNER OR AUTHORIZED REPRESENTATIVE OF THE ABOVE-NAMED VESSEL, PLEASE COMPLETE THE FOLLOWING:

LAST NAME OF REPRESENTATIVE

FIRST NAME OF REPRESENTATIVE

M.I.

ADDRESS

CITY

STATE

ZIP CODE

Mail this completed registration form,
along with a check in the amount of \$25.00, payable to the National Marine Fisheries Service,
to the nearest NMFS regional office listed below.
(Please allow 30 days for processing):

Marcia Hobbs
NMFS Northeast Region
One Blackburn Dr
Gloucester, MA 01930
978 / 281-9328
e-mail: Marcia.Hobbs@noaa.gov

Teletha Griffin
NMFS Southeast Region
9721 Executive Center Dr North
St. Petersburg, FL 33702
727 / 570-5312
e-mail: Teletha.Griffin@noaa.gov

Don Petersen
NMFS Southwest Region
501 West Ocean Blvd, Suite 4200
Long Beach, CA 90802
562 / 980-4024
e-mail: Don.Petersen@noaa.gov

This collection of information is mandated by the Marine Mammal Protection Act (16 U.S.C. 1387) and by implementing regulations contained at 50 CFR 229.4. The information supplied on this form will be used by the National Marine Fisheries Service to approximate fishing effort in various fisheries which impact marine mammal populations in U.S. waters and to alert vessel owners of applicable rules and regulations regarding the incidental take of marine mammals in commercial fishing operations. Certain information supplied on this form may be considered proprietary and therefore subject to data confidentiality restrictions of 50 CFR Part 229.11.

Public reporting burden for this collection of information is estimated to average 15 minutes per response for new applications and 9 minutes per response for renewals, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Director, Office of Protected Resources, National Marine Fisheries Service, 1315 East-West Highway, Silver Spring, MD 20910, (301) 713-2332.

The National Marine Fisheries Service may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a current and valid OMB control number. The OMB Control number for this form is 0648-0293, which expires on 09/30/2004.